



PRIVATE PROVIDER'S REPORT OF VACCINE USAGE

(REPORT STATE-SUPPLIED VACCINE ONLY)

REPORT PERIOD _____ PROVIDER NAME _____

VACCINE	BEGINNING OF MONTH INVENTORY	VACCINE ADDED THIS MONTH	LOT #	END OF MONTH INVENTORY	LOT #	EXPIRATION DATE	VACCINE WASTED OR EXPIRED
DTaP							
DT (Ped)							
Td							
Hib							
PCV7 (Conj)							
IPV							
MMR							
HEP B (Ped)							
VAR							
HEP A (Ped)							
FLU							
Pneumococcal (Poly)							

NUMBER OF DOSES OF VACCINE ADMINISTERED BY AGE GROUPS

VACCINE	< 1	1	2	3-4	5	6-9	10-14	15-19	20-24	25-44	45-64	65+	UNK	TOTAL
DTaP														
DT-(Ped)														
Td														
Hib														
PCV7 (Conj)														
IPV														
MMR														
HEP B (Ped)														
VAR														
HEP A (Ped)														
FLU														
Pneumococcal (Poly)														

AUTHORIZED SIGNATURE _____

FACILITY _____

DATE _____

**** THIS REPORT WILL ACCOUNT FOR VACCINES PREVIOUSLY ISSUED AND IS TO BE SUBMITTED MONTHLY. FAILURE TO SUBMIT REPORT COULD JEOPARDIZE FUTURE VACCINE SUPPLIES.**

DOH 348-025 (REV. 4/01)